

## Verification of Work Experience

### For applicants for the Class 4 Career and Technical Education License

#### Part I: To be completed by the Applicant

Please print or photocopy this page once for each employer listed on page 2 under "Work Experience". You may mail or email this page to all employers. Completed, signed forms may be returned to you for forwarding to the Office of Public Instruction or mailed directly to us.

Last Name	First Name	MI
Address	City	State
Folio ID (assigned by OPI)	Email	Zip Code
Home Phone	Cell Phone	Other Phone

#### Authorization to Release Employment Information to the Office of Public Instruction

I,	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <p style="text-align: center; margin: 0;">Applicant Name</p>	am making application for a Montana Class 4 Career and Technical Educator License.
I authorize	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <p style="text-align: center; margin: 0;">Employer Name</p>	my employer or former employer, to furnish the Office of Public Instruction with the following information:

#### Part II: To Be Completed by the Employer

The above named person was employed by	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <p style="text-align: center; margin: 0;">Employer Name</p>		
<input type="checkbox"/> Part time	<b>Or</b>	<input type="checkbox"/> Full time	From (month/yr)
If "Part Time", please indicate FTE equivalent (eg .25 for 1/4 time)	<div style="border: 1px solid black; height: 60px; margin: 5px 0;"></div>		To (month/yr)
			<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>
As a(an)	<div style="border: 1px solid black; height: 60px; margin: 5px 0;"></div> <div style="border: 1px solid black; height: 20px;"></div> <p style="text-align: center; margin: 0;">Job Title</p>	Job responsibilities include(d)	<div style="border: 1px solid black; height: 60px; margin: 5px 0;"></div> <div style="border: 1px solid black; height: 20px;"></div> <p style="text-align: center; margin: 0;">Job Description (may attach a separate document)</p>
Printed Name of Person Completing the Form	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>		Signature
Date	May we contact you with additional questions?	<input type="radio"/> Yes <input type="radio"/> No	
Employer Address	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>		
City	State	Zip Code	
Phone	email		